



2001 New Jersey Eating and Drinking Establishment Tobacco Survey

A Statewide Report



James E. McGreevey
Governor



Clifton R. Lacy, M.D.
Commissioner

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THE 2001 NEW JERSEY EATING AND DRINKING ESTABLISHMENT TOBACCO SURVEY PROJECT TEAM

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TABLE OF CONTENTS

I. EXECUTIVE SUMMARY	3
II. INTRODUCTION	6
III. RESULTS	8
Smoking Policies in Eating and Drinking Establishments	9
Smoking Policy Communication and Compliance	12
Attitudes and Perceptions of Establishment Owners/Managers: Smoking or Non-smoking Dining?	14
Attitudes and Perceptions of Establishment Owners/Managers: Economic Impact of Smoke-free Laws	16
IV. CONCLUSIONS	19
V. RECOMMENDATIONS	21
VI. TECHNICAL NOTES	22
VII. REFERENCES	24

EXECUTIVE SUMMARY

The Comprehensive Tobacco Control Program (CTCP) of the New Jersey Department of Health and Senior Services (NJDHSS) commissioned this survey to provide the first comprehensive statewide data on smoking policies in eating and drinking establishments. Using a random sample of New Jersey restaurants and bars, 437 owners/managers completed the telephone survey between September and October 2001. This report summarizes the key findings.

Smoking Policies in Eating and Drinking Establishments

More than 6-in-10 restaurants and bars allowed smoking indoors.

- Approximately 1-in-3 (36.2%) establishments were completely smoke-free. More than one-third had designated non-smoking rooms (20.8%) or tables (13.8%) or made some other arrangements for non-smokers (2.8%). At least 1-in-4 (26.5%) establishments permitted smoking everywhere, with no restrictions at all.
- Smoking policies varied by the size of the establishment. Those that were smoke-free tended to be medium-sized establishments (median 50 seats). Establishments that had designated non-smoking rooms/tables were typically larger (median of 100 seats) while those with no smoking restrictions tended to be smaller (median of 35 seats).
- Smoking policies also varied by type of establishment and by ownership. Unrestricted smoking was least likely to be permitted in fine dining establishments and in those establishments that were part of a chain.
- Approximately 1-in-7 (15.3%) establishments had outdoor seating for patrons and 9-in-10 (89.9%) of these permitted smoking at these tables.

Smoking Policy Communication and Compliance

On average, 7-in-10 patrons requested seating in non-smoking areas, yet only half of the seats were reserved for non-smokers.

- When taking a reservation or assigning seating, almost three-quarters (73.5%) of the establishments that provided non-smoking rooms/tables asked customers about preference for smoking or non-smoking dining. While the owners/managers of these establishments reported that, on average, 70% of patrons requested seating in non-smoking areas, the same establishments tended to reserve only 50% of seats for non-smokers.
- The most common methods of communicating smoking policies included signs posted at the: front entrance door/window (51.6%), host/hostess reservations station (24.1%) and table cards indicating non-smoking seats (23.2%).

- Overall, compliance with smoking restrictions was high. Approximately 7-in-10 (71.1%) smoke-free establishments and 77.2% of those that had non-smoking rooms/tables reported that patrons never or rarely attempt to violate the smoking restrictions.
- Approximately two-thirds (64.7%) of establishments with smoking restrictions reported having procedures in place for dealing with patrons who attempt to smoke in a non-smoking area. The most common procedures were verbally informing the patron of the smoking restriction (63.6%) and asking the patron to move to the smoking area or outside (57.1%).
- Most (70%) patrons prefer to dine in smoke-free environments, yet only 1-in-4 (26.0%) smoke-free establishments tried to attract patrons by advertising the fact that they provide smoke-free dining.

Attitudes and Perceptions of Establishment Owners/Managers: Smoking or Non-smoking Dining?

Regardless of current smoking policy, most (88.1%) owners/managers agreed that all restaurants and bars should provide non-smoking areas for patrons.

- Approximately 9-in-10 (94.0%) owners/managers of smoke-free establishments and 87.3% of those that provided non-smoking rooms/tables agreed with the statement “All bars and restaurants should provide non-smoking areas for patrons.” Surprisingly, 8-in-10 (81.2%) owners/managers of establishments that had no smoking restrictions also agreed.
- Most of the establishments that were smoke-free (88.7%) or had non-smoking rooms/tables (92.3%) reported that having a non-smoking establishment/area was either good for business or made no difference. Only 9.6% of smoke-free establishments and 6.6% of establishments with non-smoking rooms/tables indicated that their respective smoking policies were bad for business.
- More than six-in-ten (61.4%) establishments with no smoking restrictions would consider providing designated non-smoking areas for their patrons in the future.

Attitudes and Perceptions of Establishment Owners/Managers: Economic Impact of Smoke-free Laws

Respondents had mixed perceptions about the possible economic impact of smoke-free laws.

- Half (53.0%) of all owners/managers believed that a law banning smoking in all restaurants and bars would have a negative effect on their business. Smoke-free establishments were less likely to believe it would have a negative effect (39.3%), while establishments that provided non-smoking rooms/tables tended to be more concerned about the negative impact of such laws (66.8%). Half (52.3%) of the establishments that permitted smoking everywhere (with no restrictions) felt that such laws would have a negative impact on their business.

- A third (32.8%) of all owners/managers believed that a law banning smoking in all restaurants and bars would have a positive effect on their business. Less than half (45.1%) of those who ran smoke-free establishments and 27.3% of those in charge of establishments with non-smoking rooms/tables said that such a law would be good for business. In addition, 23.6% of respondents whose establishments had no smoking restrictions had a similar view.
- Overall, 4-in-10 (40.8%) owners/managers believed that smokers spend more money in restaurants and bars. About half (49.4%) of smoke-free establishments thought smokers spend more, while a third (37.0%) of the owners/managers of establishments with non-smoking rooms/tables and 34.6% of those with no restrictions had similar views.
- One-quarter (27.0%) of all owners/managers believed smokers were more generous with tips. This view was consistent regardless of the smoking policy of the establishment (smoke-free 28.9%; non-smoking rooms/tables 26.5% and no restriction 25.2%).

INTRODUCTION

Smoke-free legislation in restaurants and bars is the subject of intense political battles in New Jersey and nationwide. Because of the serious health risks caused by environmental tobacco smoke (ETS) and complaints that it detracts from the dining experience, the smoking policies of individual restaurants and bars have become important issues for many patrons and employees of these establishments.

ETS (passive or second-hand smoke) is the third leading preventable cause of death in the nation and is the single most important indoor air contaminant in public places.¹ An estimated 62,000 non-smokers die prematurely from heart disease and another 3,000 non-smokers die from lung cancer because of exposure to ETS at work, at home, and/or in other social environments. For every seven people who die from smoking cigarettes, at least one non-smoker dies from second-hand smoke.²

Public attitudes towards ETS exposure in public places have changed significantly over the past decade. A 1994 Gallup poll showed that one-third (36%) of Americans believed second hand smoke was “very harmful,” while a recent poll suggests that number has increased to over half (52%).³

Exposure to ETS in the hospitality industry endangers the health of 5.5 million food service workers in this country, including a large proportion of teenagers and young adults. Compared to other occupations, food service workers are the most heavily exposed to ETS. Restaurant and bar workers are exposed to concentrations of ETS 1.5 to 4.5 times greater than those received by people living with a smoker.⁴ Relative to other occupations, non-smoking waiters have the highest levels of ETS residues in their blood.⁵ Even after taking personal smoking into account, restaurant and bar workers have a 50% higher risk of lung cancer than the general population.⁴

Because of the strong link between exposure to ETS and disease, eating and drinking establishments have been held liable for workers’ compensation claims made by employees who become ill from exposure to ETS.⁶⁻⁷ There are other costs to the hospitality industry as well. Smoking in restaurants and bars is associated with higher maintenance expenses (including damage to carpets, drapes, linens, paintwork), higher insurance premiums (fire, medical, workers compensation, liability) as well as higher labor costs due to ETS-related absenteeism and lost productivity. Some establishments also incur additional costs by installing expensive ventilation systems in an effort to reduce the discomfort caused by ETS, even though there is no evidence that these ventilation systems are effective in reducing the actual health risks from ETS exposure.⁸⁻⁹

The mission of the Comprehensive Tobacco Control Program (CTCP) of the New Jersey Department of Health and Senior Services (NJDHSS) is to decrease morbidity and mortality associated with tobacco use and ETS exposure.¹⁰ One of the major objectives of the CTCP is to decrease exposure to ETS by increasing the number of local policies and ordinances restricting tobacco access and use in public places, and by increasing the number of smoke-free workplaces including restaurants and bars.

There are approximately 12,000 eating and drinking establishments in New Jersey.¹¹ They represent a major sector of the hospitality industry, providing a substantial benefit to the State's economy. The CTCP has formed community partnerships with the Medical Society of New Jersey (NJ Breathes), New Jersey Group Against Smoking Pollution (NJ GASP), Communities Against Tobacco (CAT) coalitions, and the Local Information Network Communication System (LINCS) to develop initiatives that will increase the proportion of smoke-free eating and drinking establishments in New Jersey.

The 2001 New Jersey Eating and Drinking Establishment Tobacco Survey (NJEDTS) is the first statewide survey to gather data on smoking policies in New Jersey restaurants and bars. Researchers conducted telephone surveys with the owners or managers of 437 eating and drinking establishments throughout the State. The survey included questions concerning the prevalence and types of smoking policies in restaurants and bars across the state, levels of compliance and strategies for policy enforcement, as well as perceptions and attitudes of owners/managers about the economic impact of smoking policies on their businesses.

The sample frame was selected from the Dun & Bradstreet marketing file.¹² Establishments were stratified by region and number of employeesⁱ. The sample was selected using the probability-proportional-to-size (PPS) method for establishments with five or more employees, and for smaller establishments the sample was selected with equal probability within strata. Data weighting was utilized to adjust for non-response and the varying probabilities of selection. To correct for the complex sample design, SUDAAN statistical software¹³ was used to generate 95% confidence intervals. All results are weighted, unless otherwise indicated.

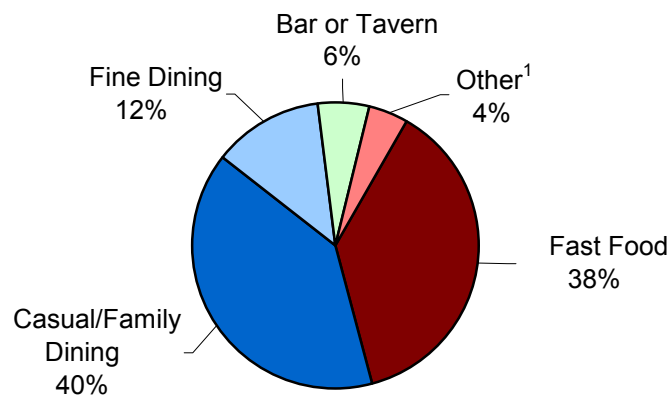
ⁱ To better represent eating and drinking establishments across the State, this sample was stratified and weighted by region as well as by number of employees (5-25, 26-114, ≥ 115). The unweighted response rate, a product of those screened and eligible selected for an extended interview was 72%.

RESULTS

Sample Characteristics

The owners/managers were asked to describe their establishments (See Figure 1). The majority characterized their businesses as 'casual/family dining' ($39.8 \pm 10.0\%$) or 'fast food' ($37.5 \pm 11.1\%$). Only 12.3% (± 6.6) described themselves as 'fine dining establishments'. The remainder were 'bars or taverns' ($6.0 \pm 6.2\%$), or other types of eating and drinking establishments ($4.4 \pm 4.5\%$) such as catering businesses, cafeterias, and small takeout establishments.

Figure 1: Types of eating and drinking establishments - NJEDTS, 2001



¹ Includes catering, takeout, cafeteria and other types of eating and drinking establishments

There are three main types of ownership of eating and drinking establishments. A parent corporation may own a chain of restaurants and/or bars. The operations and policies of all the establishments in the chain are coordinated centrally and employees of the corporation manage the individual restaurants and/or bars.

Franchise establishments purchase the right to operate a restaurant and/or bar using a company name, logo, promotions and media campaigns. The establishment owners (franchisers) manage their respective restaurants and/or bars and they have the flexibility of making some operation and policy decisions at the local level.

Independent proprietors/owners are entrepreneurs who have the flexibility to determine all of their establishments' operations and policies, but they do not benefit from brand recognition and economies of scale that are available to franchises and chain establishments.

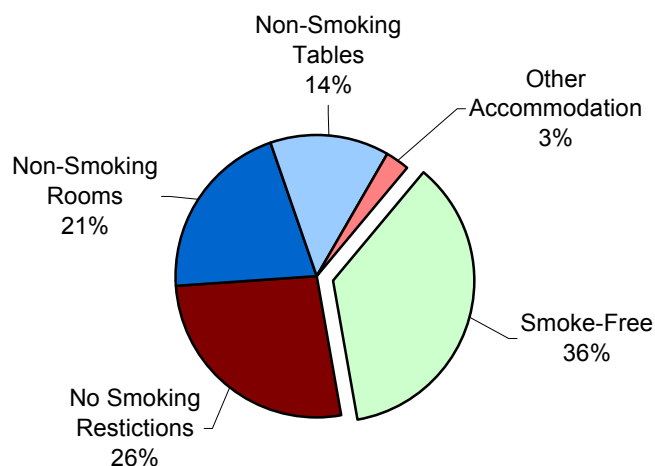
The majority of the owners/managers in our survey reported that their establishments were independently owned ($80.7 \pm 7.6\%$), while a minority were either part of a franchise ($6.3 \pm 6.1\%$) or belonged to a chain ($4.9 \pm 1.4\%$). In addition, $8.0\% (\pm 4.8)$ reported that they were part of a chain and a franchise.

Smoking Policies in Eating and Drinking Establishments

Types of Smoking Policies

Approximately 1-in-3 ($36.2 \pm 10.8\%$) establishments were smoke-free.ⁱⁱ More than a quarter ($26.5 \pm 10.5\%$) permitted smoking everywhere and had no smoking restrictions at all. The remainder provided designated non-smoking rooms ($20.8 \pm 8.6\%$) or tables ($13.8 \pm 7.6\%$), or made some other accommodation ($2.8 \pm 1.5\%$) such as restricting smoking to the restaurant's bar, or creating non-smoking areas by request (See Figure 2).

Figure 2: Smoking policies in eating and drinking establishments - NJEDTS, 2001



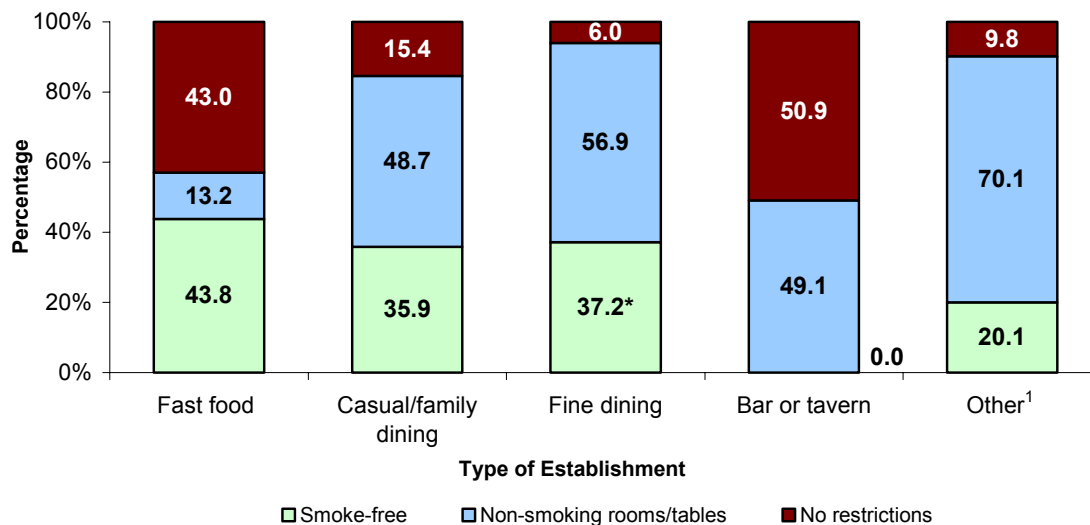
Smoking Policies by Size and Type of Establishment

Smoking policies varied by the size of the establishment. Those that were smoke-free tended to be medium-sized establishments (median 50 seats). Establishments that had designated non-smoking rooms/tables were typically larger (median of 100 seats) while those with no smoking restrictions tended to be smaller (median of 35 seats).ⁱⁱⁱ

Smoking policies also varied by type of establishment (See Figure 3). Fast food establishments tended to be *either* smoke-free ($43.8 \pm 20.2\%$) or had no smoking restrictions at all ($43.0 \pm 21.1\%$). Casual/family dining establishments were either smoke-free ($35.9 \pm 15.4\%$) or had non-smoking rooms/tables ($48.7 \pm 14.9\%$). A third ($37.1 \pm 28.7\%$) of fine dining establishments were smoke-free, and half ($56.9 \pm 28.4\%$) had non-smoking rooms/tables. None of the bars/taverns in our survey reported being smoke-free. However, caution should be used in drawing conclusions about their smoking policies given the relatively small number of bars/taverns in the survey sample (See technical notes for details).

ⁱⁱ A smoke-free eating and drinking establishment was defined as an establishment having a total ban on smoking indoors.

ⁱⁱⁱ The median is reported because the number of seats per eating or drinking establishment varied substantially. The median score represents the halfway mark. That is, half of the establishments had fewer seats than the median number reported and half had a greater number.

Figure 3: Smoking policy by type of establishment - NJEDTS, 2001

¹Includes catering, takeout, cafeteria and other types of eating and drinking establishments
 *Actual number is 37.16%, due to rounding, total slightly exceeds 100%

Smoking Policies by Establishment Ownership

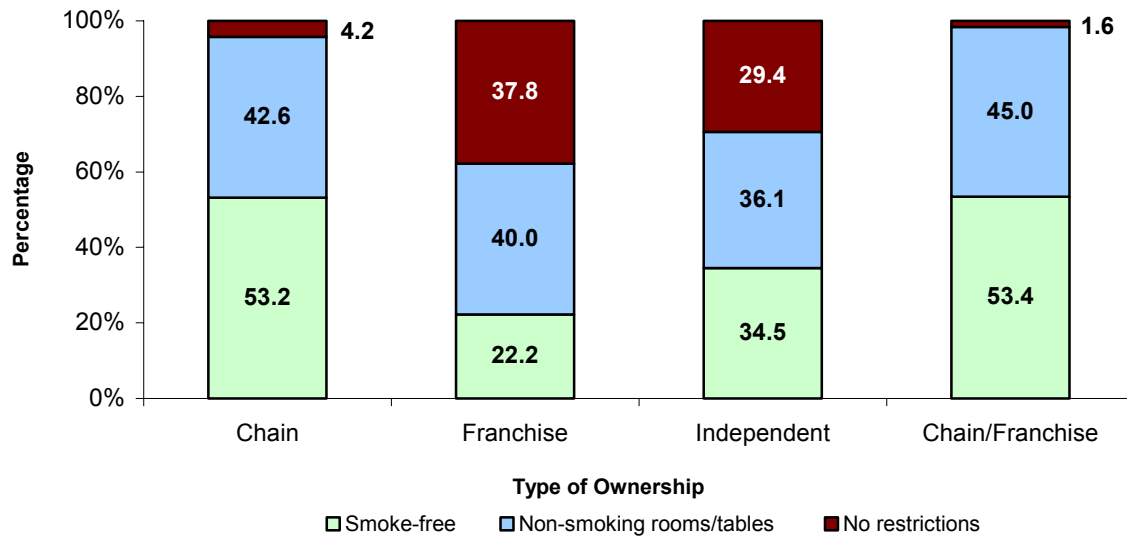
Smoking policies also varied by type of ownership (See Figure 4). Smoking was least likely to be permitted if the establishment is part of a corporate chain, where policy decisions tend to be made by the parent corporation. More than half ($53.2 \pm 14.8\%$) of chain establishments reported that they were smoke-free and an additional $42.6\% (\pm 14.3)$ provided non-smoking rooms/tables. Few ($4.2 \pm 5.1\%$) reported having no smoking restrictions.

Franchise establishments purchase the right to operate an establishment using a company's name, and they tend to have more flexibility with regards to certain policies. Less than a quarter ($22.2 \pm 24.0\%$) of franchise establishments reported being smoke-free. An additional $40.0\% (\pm 50.9)$ provided non-smoking rooms/tables. More than a third ($37.8 \pm 51.1\%$) had no smoking restrictions.

Independently owned restaurants were evenly divided in their smoking policies; nearly a third ($34.5 \pm 12.7\%$) were smoke-free, a third ($36.1 \pm 11.4\%$) provided non-smoking rooms/tables, and a third ($29.4 \pm 12.2\%$) had no smoking restrictions.

For establishments that were part of a chain and a franchise, their smoking policies were similar to establishments who reported being part of a chain only (See Figure 4).

Figure 4: Smoking policy by type of ownership - NJEDTS, 2001



Smoking Restrictions and Non-smokers' Exposure to ETS

Overall, a third ($37.4 \pm 10.4\%$) of restaurants and bars had non-smoking rooms/tables for patrons requesting non-smoking dining. However, the designated non-smoking rooms/tables were largely inadequate to prevent patrons from being exposed to ETS. Nearly half ($49.6 \pm 29.3\%$) of the designated non-smoking sections were not separated from smoking areas at all. About a quarter ($26.8 \pm 27.5\%$) of the 'non-smoking tables' were separated from smoking areas by nothing more than a partial wall or divider.

Approximately 3-in-4 ($72.3 \pm 12.6\%$) establishments that permitted smoking indoors reported the use of filters or vents in an attempt to reduce patron discomfort caused by ETS. Specifically, $89.9\% (\pm 7.6)$ of the establishments with non-smoking rooms and $64.4\% (\pm 28.4)$ of those with non-smoking tables reported using filters or vents in their *smoking* areas to help remove tobacco smoke to the outside. Almost two-thirds ($62.7 \pm 23.7\%$) of the establishments with no smoking restrictions reported the use of such filters or vents.

Nearly 1-in-7 ($15.3 \pm 7.7\%$) establishments reported that they have outdoor seating, allowing their patrons to 'dine alfresco'. While dining 'alfresco' literally means having a meal "in the fresh air," nine-out-of-ten ($89.9 \pm 10.21\%$) establishments permitted smoking at their outdoor tables.

Smoking Policy Communication and Compliance

Smoking Policy Communication

When taking a reservation or assigning seating, almost three-quarters ($73.5 \pm 15.4\%$) of establishments with non-smoking rooms/tables asked patrons about preferences for smoking or non-smoking dining. While the owners/managers of these establishments reported that, on average, 7-in-10 (70%) patrons request seating in non-smoking areas, the same establishments tended to reserve only half (50%) of their seats for non-smokers.

For those establishments with policies that restricted smoking, the most common methods of communicating this policy included signs posted at the: front entrance door/window, host/hostess reservation station, and table cards indicating non-smoking seats (See Table 1).

Table 1: Methods of communicating smoking policy – NJEDTS, 2001

	Smoke-free			Non-smoking rooms/tables			Total		
	%	(95% CI)		%	(95% CI)		%	(95% CI)	
Signs posted on doors/windows near entrance	70.2	±	17.8	33.5	±	16.7	51.6	±	12.5
Signs posted at the host/hostess station	31.2	±	18.0	17.3	±	12.0	24.1	±	11.1
Signs posted within non-smoking areas	9.7	±	12.2	36.2	±	16.7	23.2	±	11.0
Signs posted within smoking areas	0	±	0	24.1	±	15.4	12.2	±	8.6
Table cards indicating non-smoking tables	0	±	0	4.1	±	3.7	2.1	±	1.8
Table cards indicating smoking tables	0	±	0	2.5	±	2.4	1.2	±	1.2

Smoking Policy Enforcement and Compliance

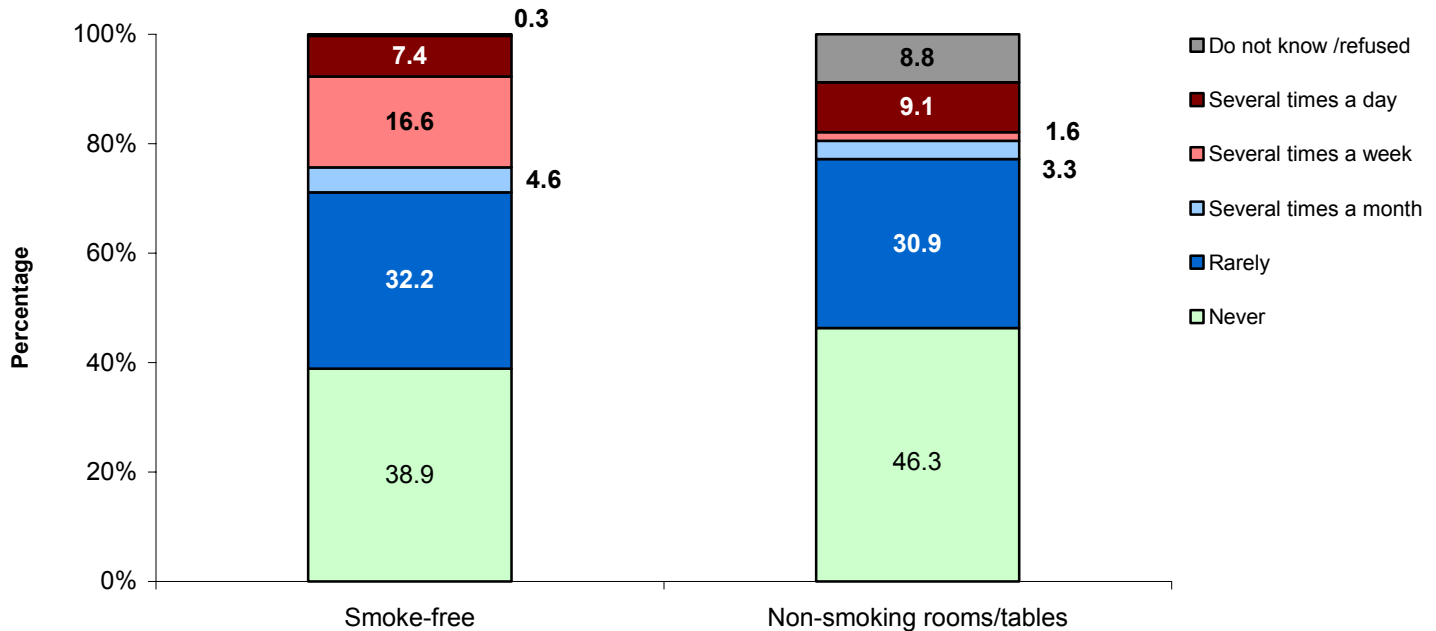
Approximately two-thirds ($64.7 \pm 12.4\%$) of establishments with smoking policies reported having procedures in place for dealing with patrons who attempt to smoke in a non-smoking area or establishment. The most common procedures were verbally informing the patron of the smoking restriction ($63.6 \pm 12.5\%$), asking the patron to move to the smoking area or outside ($57.1 \pm 12.5\%$). Few ($12.1 \pm 6.6\%$) reported that they would ask the patron to leave the establishment.

Overall, compliance with smoking restriction policies was high. Most ($71.1 \pm 17.9\%$) smoke-free establishments had little problem with violations of their policies. They reported that customers never ($38.9 \pm 18.1\%$) or rarely ($32.2 \pm 16.3\%$) attempted to smoke in spite of the restrictions. The remainder reported policy non-compliance several times a month ($4.6\% \pm 3.8$), several times a week ($16.6\% \pm 15.7$) or several times a day ($7.4\% \pm 12.0$) (See Figure 5).

Similarly, most ($77.2\% \pm 15.4$) establishments with non-smoking rooms/tables also reported little problem with smoking in designated non-smoking areas. The majority reported

that they never ($46.3\% \pm 16.8$) or rarely ($30.9\% \pm 15.1$) had such a problem. The remainder of these establishments reported policy non-compliance several times a month ($3.3\% \pm 3.3$), several times a week ($1.6\% \pm 1.7$), or several times a day ($9.1\% \pm 11.6$) (See Figure 5).

Figure 5: Frequency of policy non-compliance by type of smoking policy - NJEDTS, 2001



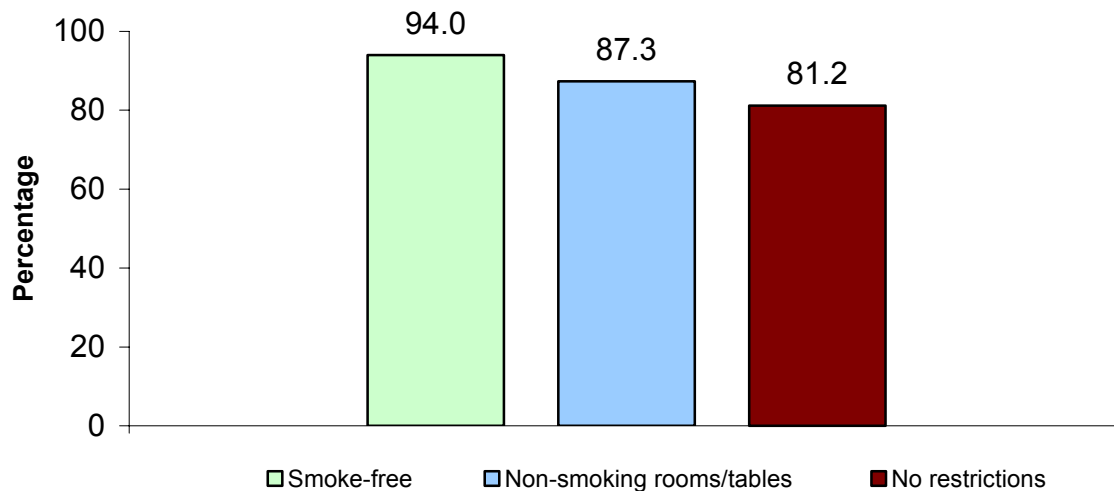
Establishments with non-smoking rooms/tables have had their policy in place for almost a decade (average 7.5 ± 2.6 years). In contrast, smoke-free establishments are a relatively recent development in the hospitality industry. Smoke-free establishments reported that they have had their policy in place for an average of 4.4 years (± 1.6). Even though most (70%) patrons prefer dining in smoke-free environments, only 1-in-4 ($26.0 \pm 18.2\%$) smoke-free establishments reported that try to attract customers by advertising their provision of smoke-free dining.

Attitudes and Perceptions of Establishment Owners/Managers: Smoking or Non-smoking Dining?

Accommodating Non-Smokers' Preferences

The survey asked all respondents whether they agreed or disagreed with the statement "All bars and restaurants should provide non-smoking areas for patrons." Overall, 88.1% (± 6.4) of all establishments were in agreement with the statement. Nearly all (94.0 ± 4.3 %) owners/managers of smoke-free establishments and 87.3 ± 11.6 % of establishments with non-smoking rooms/tables agreed with the statement. Surprisingly, 8-in-10 (81.2 ± 6.4 %) of the owners/managers of establishments that have no smoking restrictions also agreed (See Figure 6).

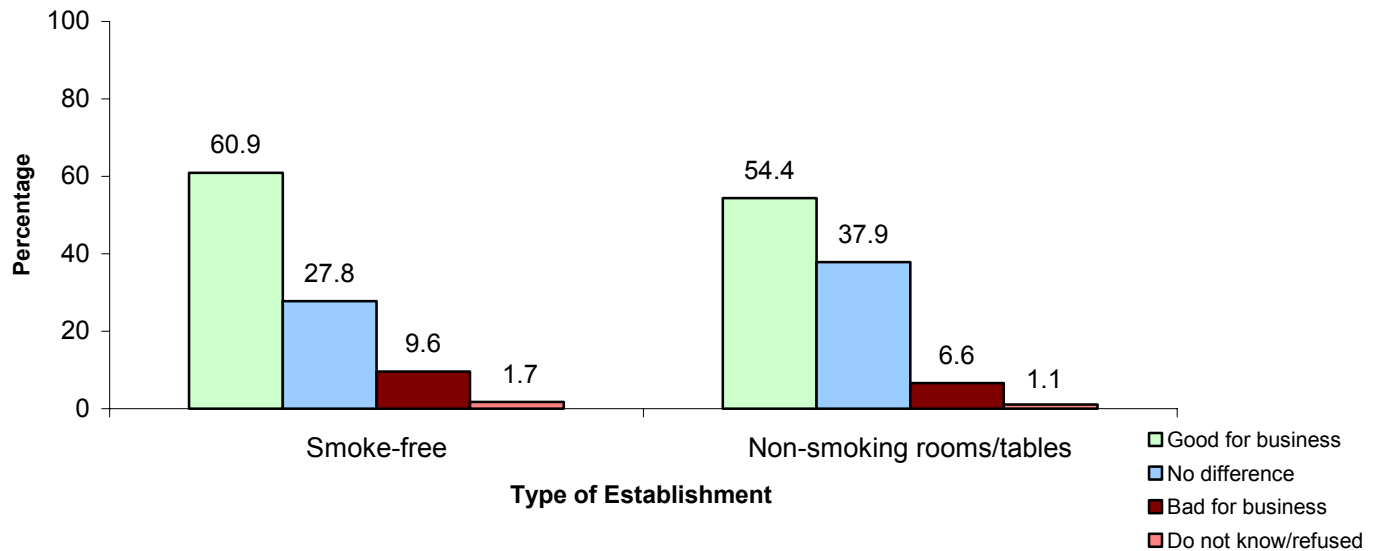
Figure 6: Percentage of owners/managers who agreed with the statement "All bars and restaurants should provide non-smoking areas for patrons." - NJEDTS, 2001



Perceived Effect of Smoking Restriction Policy on Business

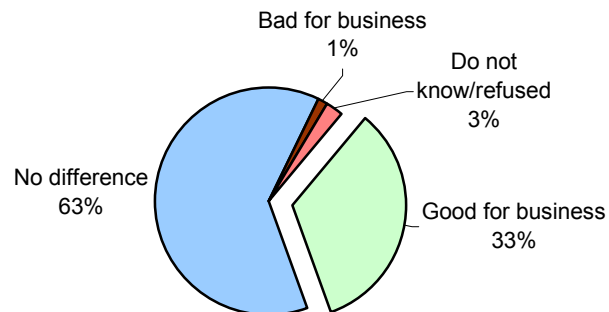
The survey asked respondents whose establishments had a smoking restriction policy, whether they believed that their policy was good, bad or made no difference to their business. The majority of the owners/managers of smoke-free establishments reported that their smoke-free policy was either good for business (60.9 ± 18.0 %) or made no difference (27.8 ± 16.2 %). Only a minority (9.6 ± 12.3 %) thought that the policy was bad for business. Similarly, most of the owners/managers of establishments with non-smoking rooms/tables thought that having designated non-smoking areas was either good for business (54.4 ± 17.0 %) or made no difference (37.9 ± 16.8 %). Only 6.6% (± 11.2) thought the policy was bad for business (See Figure 7).

Figure 7: Owners/managers' perception of current smoking restriction policy's effect on business - NJEDTS, 2001



More than six-in-ten ($61.4 \pm 23.7\%$) owners/managers of establishments that currently permit smoking everywhere said that they would consider providing non-smoking areas for their customers in the future. Of the bars and restaurants with no smoking restrictions, more than a third ($33.3 \pm 23.6\%$) thought that having a designated non-smoking area would probably be good for business, and about two-thirds ($62.7 \pm 23.7\%$) said it would make no difference. Only $1.4\% (\pm 2.1)$ thought such areas would be bad for business (See Figure 8). The owners/managers of these establishments estimated that only $22.4\% (\pm 15.4)$ of their current patrons would like non-smoking dining.

Figure 8: Perception of the effect of providing non-smoking areas on future business among establishments that have no smoking restrictions - NJEDTS, 2001



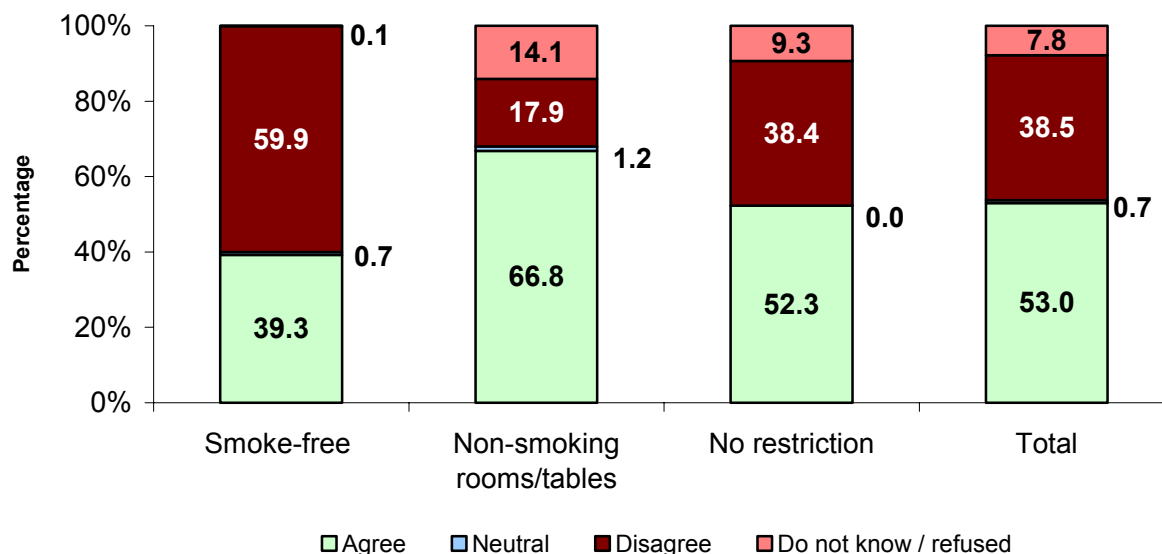
Attitudes and Perceptions of Establishment Owners/Managers: Economic Impact of Smoke-free Laws

Perception of Smoke-free Laws

While the majority of owners/managers agreed that that all bars and restaurants should provide non-smoking areas for their patrons, they held mixed perceptions about the possible economic impact of smoke-free laws in eating and drinking establishments.

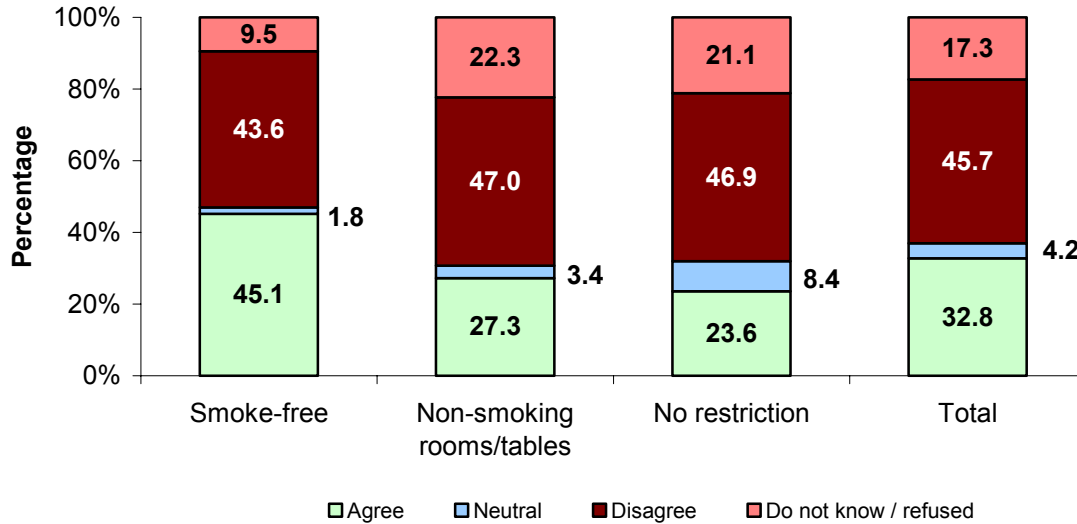
When asked if they thought that a law banning smoking in all restaurants and bars would have a negative effect on their business, half ($53.0 \pm 11.2\%$) of all respondents agreed (See Figure 9). Smoke-free establishments were the least likely to believe that a smoking ban would have a negative effect ($39.3 \pm 18.7\%$), while establishments with non-smoking rooms/tables tended to be more concerned about the negative impact of such laws ($66.8 \pm 15.4\%$). Half ($52.3 \pm 24.3\%$) of the owners/managers of establishments with no smoking restrictions felt that such laws would have a negative impact on their business.

Figure 9: Percentage of owners/managers' agreement with the statement "A law banning smoking in all restaurants and bars will have a negative effect on business" - NJEDTS, 2001



Approximately 1-in-3 ($32.8 \pm 10.4\%$) owners/managers believed that smoke-free laws would have a positive effect on their business. Less than half ($45.1 \pm 18.2\%$) of those with smoke-free establishments, one-quarter ($27.3 \pm 15.3\%$) of those with non-smoking rooms/tables and $23.6\% (\pm 21.1)$ of those with no restrictions said that such a law would have a positive effect on their respective businesses (See Figure 10).

Figure 10: Percentage of owners/managers' agreement with the statement "A law banning smoking in all restaurants and bars will have a positive effect on business" - NJEDTS, 2001

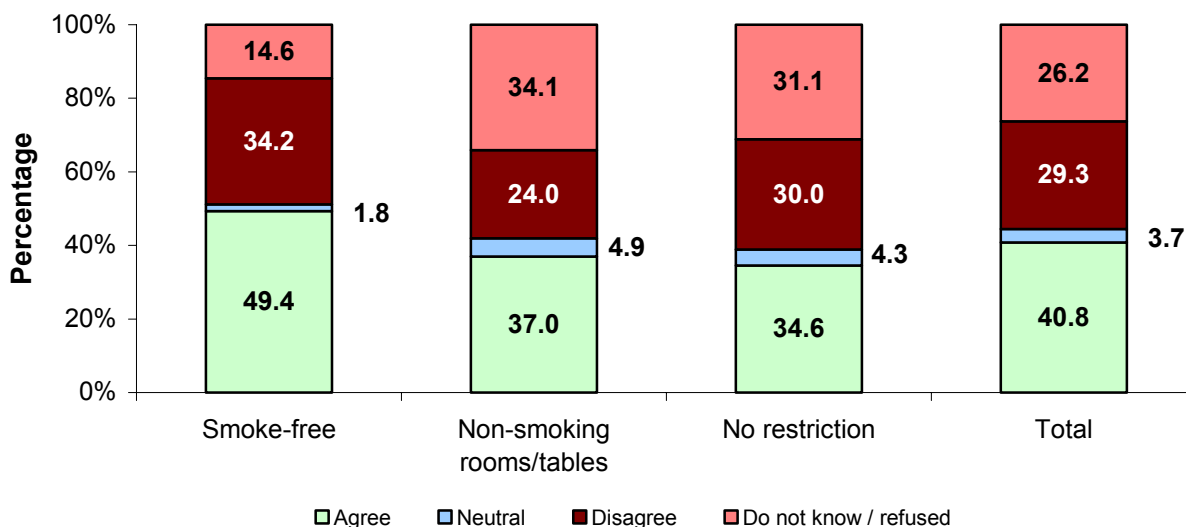


Perception of Smokers' Spending in Restaurants and Bars

One of the arguments often given in response to proposals to ban smoking in eating and drinking establishments is that smokers typically spend more money and are better tippers compared to non-smokers.

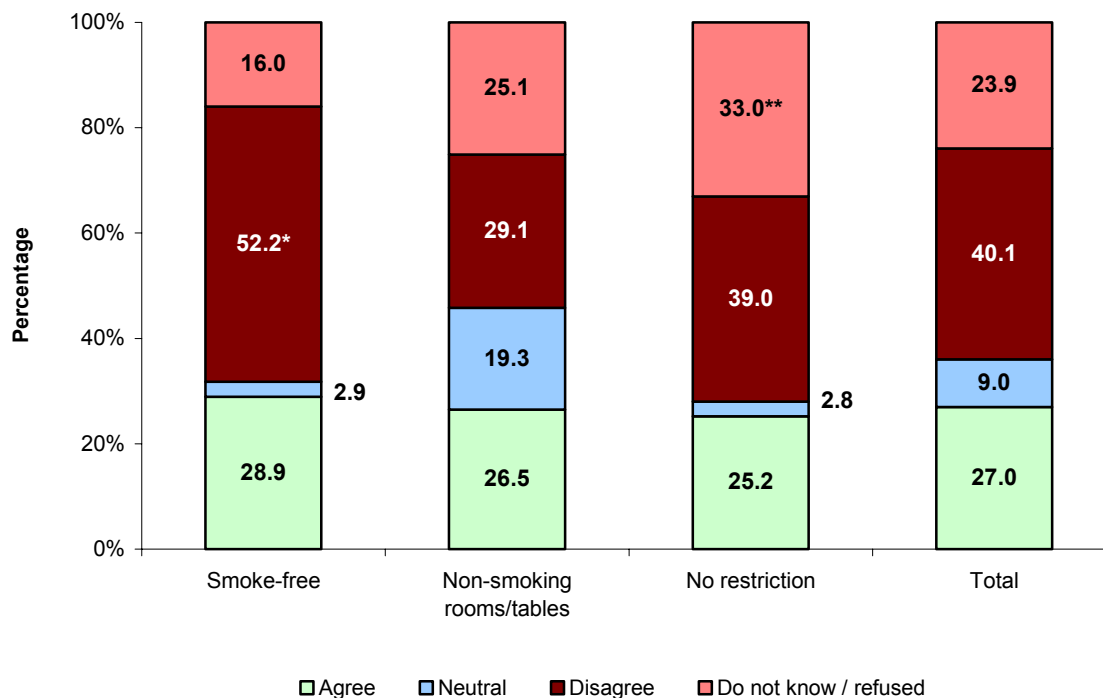
The survey asked all respondents if they thought that patrons who smoke spend more money in restaurants and bars. Overall, 4-in-10 (40.8%) owners/managers believed the statement was true. About half (49.4% \pm 18.4) of those with *smoke-free* establishments believed smokers spend more money. Approximately one-third of those in establishments with non-smoking rooms/tables (37.0 \pm 15.5%) and establishments with no smoking restrictions (34.6 \pm 21.7%) had a comparable view (See Figure 11).

Figure 11: Percentage of owners/managers' agreement with the statement "smokers spend more money in restaurants and bars" - NJEDTS, 2001



The survey also asked respondents if they thought patrons who smoke were more generous with tips. Overall, one-quarter ($27.0 \pm 9.9\%$) of all respondents believed the statement was true and there were no real differences across types of smoking policies (smoke-free $28.9 \pm 17.8\%$; non-smoking rooms/tables $26.5 \pm 12.9\%$ and no restriction $25.2 \pm 21.2\%$) – See Figure 12.

Figure 12: Percentage of owners/managers' agreement with the statement "smokers are more generous with tips" - NJEDTS, 2001



* Actual number is 52.26%, due to rounding, total slightly exceeds 100%

** Actual number is 33.07%, due to rounding, total slightly exceeds 100%

CONCLUSIONS

Americans' attitudes about the acceptability of smoking in public places have changed dramatically in the last decade, reflecting growing concerns about the health effects of ETS. Until recently, it would have been considered both normal and acceptable to be exposed to tobacco smoke in almost any public place or social situation.

Multiple public opinion polls across the country have demonstrated that most (54%-81%) Americans favor smoke-free dining and a sizable proportion (25%-62%) indicated that they would eat out more often if restaurants were smoke-free. Only a minority (7%-11%) say that they would eat out less often if restaurants were smoke-free.¹⁴ There is also evidence that many patrons avoid restaurants and bars because they anticipate exposure to ETS¹⁵ and that smoke-free policies are likely to increase overall patronage of restaurants and bars.¹⁶

◆◆◆ The majority of adults in New Jersey prefer smoke-free dining ◆◆◆ but only one-third of eating and drinking establishments are smoke-free

Data from this survey show that when given a choice, most (70%) New Jersey adults request non-smoking dining. This finding is similar to data from the 2001 New Jersey Adult Tobacco Survey (NJATS)¹⁷ which reported that three-quarters of all adults (76.2%) prefer dining in non-smoking areas of restaurants, while 14.8% have no preference. Only a minority (9.0%) prefer to sit in the smoking section of a dining establishment. Even among current smokers, who constitute about 20% of the general population, almost two-thirds either prefer non-smoking seating (32.1%) or have no preference (30.0%). Only one-third of smokers prefer sitting in the smoking section.

While the social norms concerning the acceptability of smoking have changed dramatically and most New Jerseyans prefer to dine without the intrusion of cigarette smoke, most restaurants and bars in the state of New Jersey have not kept pace. Only a third of all eating and drinking establishments were smoke-free. At least 6-in-10 establishments permitted smoking indoors, exposing their patrons and employees to ETS. Data from the NJATS support this finding showing that only 37% of adults working in restaurants and bars reported their work environment was smoke-free.¹⁷ While patrons do have a choice of dining in smoke-free establishments, employees do not have an option and are exposed to the hazards of ETS as part of their work routine.

Many owners/managers also do not seem to recognize the apparent demand for smoke-free dining. Only about a quarter of the smoke-free establishments include this fact in their advertisements to attract patrons. Furthermore, the establishments that provide non-smoking rooms/tables only designate half of their tables as non-smoking when in fact most (70%) of their patrons actually request non-smoking dining.

◆◆◆ Non-smoking "rooms/tables" offer inadequate protection from ETS exposure ◆◆◆

In an attempt to reduce patron discomfort from ETS exposure, about a third of the restaurants and bars provided non-smoking rooms or tables for their non-smoking patrons. While this may appear to be a reasonable compromise, in reality, the designated non-smoking areas are

rarely adequately separated from areas where smoking is permitted. In addition, almost three-quarters (72.3%) of establishments that permitted smoking indoors reportedly used filters/vents to remove tobacco smoke from dining areas, even though such ventilation systems were not designed to reduce the actual health risks from ETS.⁹ In fact, using current indoor air quality standards, ventilation rates would have to be increased more than a thousand-fold to reduce cancer risk associated with ETS. Such ventilation rates are impractical since they would result in a virtual windstorm indoors.¹⁸

**◆◆◆ Establishment owners and managers had mixed perceptions about ◆◆◆
the possible economic impact of smoke-free laws**

Although almost 9-in-10 (88%) of all owners/managers agreed that restaurants and bars should provide non-smoking areas for their patrons, and the experience of most (63%) smoke-free establishments indicated that their policy is, in fact, good for business, the same owners/managers had less favorable views on the potential economic impact of smoke-free laws. Overall, half (53%) of the establishments thought that banning smoking in all bars and restaurants in New Jersey would have a negative impact on their business. Only one-third (33%) of the establishments believed that such laws would have a positive impact.

The reluctance to embrace smoke-free laws may be due to the perception that such a policy would offend patrons who smoke. Popular myths used to argue against smoke-free restaurant and/or bar legislation suggest smokers spend more money and are more generous than non-smoking patrons. However, the findings from the NJEDTS do not support these myths. Only 40% of owners/managers believed that smokers spend more money and only 27% believed that smokers were more generous with tips. Given that smokers constitute only one-fifth of the general population in New Jersey,¹⁷ any purported increase in revenue based on these popular myths would be marginal at best.

Within the last decade, more and more communities have eliminated smoking in public places and workplaces including restaurants and bars. In many of these communities, the perceived negative impact associated with implementing smoke-free laws were in actuality of little or no economic consequence. One study examined actual tourism and hotel revenues before and after passage of smoke-free restaurant ordinances in three states (California, Utah and Vermont) and six cities (Boulder, CO; Flagstaff, AZ; Los Angeles, CA; Meza, AZ; New York, NY and San Francisco, CA). The study showed that tourism was either unaffected or increased after implementation of the smoke-free ordinances.¹⁹ These findings demonstrate that smoke-free laws do not have a negative impact on the hospitality industry and may in fact have a positive impact on revenues.

RECOMMENDATIONS

This survey clearly demonstrates that the vast majority of owners/managers agreed that all restaurants and bars should provide non-smoking areas for patrons. Even among owners/managers of establishments that permitted smoking everywhere, without restrictions, 8-in-10 agreed that all establishments should provide non-smoking areas for their patrons.

Managers and patrons of eating and drinking establishments need to be made aware that having designated “non-smoking sections” do not necessarily protect their patrons from ETS. Furthermore, the expensive filters/vents that are purported to remove tobacco smoke do not protect their patrons or employees from the serious health risks from ETS. The only proven, safe, and least costly method of eliminating the hazards from ETS is to ban smoking entirely.

◆◆◆ Eliminate environmental tobacco smoke from eating and drinking establishments in New Jersey ◆◆◆

From a public health perspective, the clear defensible recommendation is to eliminate environmental tobacco smoke from eating and drinking establishments in New Jersey. There is ample evidence that such actions would have positive effects on the health of those who work in restaurants and bars.²⁰⁻²¹ Moreover, most New Jerseyans prefer to dine in smoke-free environments. As such, eliminating tobacco smoke in restaurants and bars across the State would be entirely consistent with the expressed preferences of most of the adult population of New Jersey.

One of the key issues that must be dealt with to eliminate tobacco smoke in New Jersey eating and drinking establishments is to convince the owners/managers of restaurants and bars that most of their patrons prefer to dine in smoke-free environments and as such, smoke-free dining should be the norm, not the exception.

◆◆◆ Encourage the adoption and implementation of smoke-free ordinances ◆◆◆

An important area of outreach is to inform establishment owners/managers about the successful implementation of smoke-free ordinances in multiple communities across the country and that smoke-free laws have actually increased restaurant and/or bar revenues in several of these communities. The myth that smokers spend more money and are more generous with tips needs to be corrected.

The good news is that in New Jersey, 1-in-3 eating and drinking establishments are already smoke-free. Given that the adoption of smoke-free policies is a relatively recent development in the hospitality industry, we recommend that the Comprehensive Tobacco Control Program (CTCP) continue to develop programs that actively encourage restaurants and bars to adopt smoke-free policies through local community partnerships such as the Medical Society of New Jersey (NJ Breathes), New Jersey Group Against Smoking Pollution (NJ GASP), Communities Against Tobacco (CAT) coalitions, and the Local Information Network Communication System (LINCS).

TECHNICAL NOTES

The purpose of the NJEDTS was to collect information on smoking policies among restaurants and bars throughout the State. The target population was all drinking and eating establishments located in New Jersey.

Sampling Method

The sample frame was selected from the Dun & Bradstreet marketing file.¹² Eating and drinking establishments were stratified by region and number of employees (5-25, 26-114, ≥ 115). The sample for the NJEDTS was selected using probability-proportional-to-size (PPS) method for establishments with five or more employees, and for smaller establishments the sample was selected with equal probability within strata. The sample design ensured representation of five geographic regions in the State. Table 2 shows the sample distribution by type of establishment.

Table 2: Sample distribution of eating and drinking establishments by type of establishment (unweighted) - NJEDTS, 2001

Type of Establishment	N	%
Casual/family dining	236	54.0
Fast food	100	22.9
Fine dining	59	13.5
Other ¹	29	6.6
Bar or tavern*	13	3.0

*Because of the small number of bars and taverns surveyed, caution should be used in drawing conclusions about their smoking policies

¹Includes catering, takeout, cafeteria and other eating establishments.

Survey Questionnaire

A team of Investigators from the University of Medicine and Dentistry of New Jersey (UMDNJ) collaborated with Mathematica Policy Research Inc. (MPR) to develop the survey instrument. In constructing the survey instrument, some questions were derived from previous surveys including: Survey of Smoking Ban in Restaurants: Concern Versus Experiences²² and Survey of Attitudes and Experiences of Restaurateurs Regarding Smoking Bans in South Australia.²³ In addition, several questions were constructed and included in the instrument to meet the needs of the NJDHSS Comprehensive Tobacco Control Program. The project team pre-tested the questionnaire using multiple interviewers and establishments. The NJEDTS topics included smoking policies, levels of smoking restriction, levels of compliance, policy enforcement strategies, and the perceptions and attitudes of owners/managers on the economic impact of smoking policies.

Eating and Drinking Establishment Interviews

MPR conducted telephone interviews using a Computer-Assisted Telephone Interviewing (CATI) system from September 10, 2001 through October 30, 2001. The September 11th World Trade Center disaster caused data collection to halt for one week.

MPR trained seven interviewers to conduct the NJEDTS. Two telephone center supervisors supervised the interviewers. Each selected establishment received a project introductory letter from the principal investigator at UMDNJ. The letter reached the establishment within three days of the first telephone contact by virtue of a timed mailing system. The interviewers called all establishments selected for the survey, screening out those that were permanently closed, had been bought by another business or had relocated to another state. The survey respondents were usually the owners or managers of the establishments. On average, four calls were required to complete a NJEDTS interview.

The final sample (excluding 60 ineligibles) included 605 New Jersey eating and drinking establishments. Out of these, 437 establishments completed the survey (433 complete surveys and 4 partial completed surveys were used for analysis), yielding a response rate of 72%.

Data Analysis

UMDNJ investigators performed statistical analysis and data management. SAS Version 8.2 (SAS Institute, Cary, NC) was used to calculate point estimates. SUDAAN Version 8.0¹³ was used to generate 95% confidence intervals, due to the complex sample design. Standard statistical packages, such as SAS and SPSS, could not be used for variance calculations since they do not consistently account for effects on variances in complex survey designs. Results are reported for both the entire group and by types of smoking policies.

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For more information regarding the New Jersey Comprehensive Tobacco Control Program, please visit:

<http://www.state.nj.us/health/as/ctcp/index.html>

For more information regarding the UMDNJ-School of Public Health's Tobacco Surveillance and Research Evaluation Program, please visit:

<http://www2.umdj.edu/tobweb/>

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